INS. CASE OWNER: Peter | CC 4 /AXA 1801 8222 , 6 W63 | LKK:
IDAC:

Surveyor: OGA | DOE: 5/10/18 | **ASSIGNMENT** | Date / Time: 5/10/18

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : SKV 6777D | Claim No. : S8M00469 173607

Name of Insured : _____ | Policy No. : _____

Insured Tel No. : _____ HP: _____ | Make / Model : _____

Excess Sec II :S$ _____ D.O.A: 5h/9/18 | Place of Accident : _____

Is driver the owner? (YES / NO) Nature of Accident : _____

If **NO**, Driver Name / Age : _____ | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : _____ (V/L: YES / NO) Insured Liability : ___ % **Final ? Yes / No**

SLA 2651K →

INSRS:	INSRS:	INSRS:	INSRS:	INSRS:
WSP: Uty	WSP:	WSP:	WSP:	WSP:
Tel : auto	Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time			STAGE	DATE / PIC
	SLA 2651K - X		Non-Reporting ltr (1st):	
			Non-Reporting ltr (2nd):	
			Non-Reporting ltr (Final):	
	Of Gmmt Again		Notification ltr (if non-pickup):	
			Call OI:	
			After call ltr to OI:	
	- oloR		Documentation Check List: Handler Typist	
			Notification ltr (if non-pickup)	
			After call ltr to OI:	
			Authorisation To Act:	
			Release Voucher:	
			Final Repair Bill:	
			Car Rental Invoice:	
			Towing Invoice	
			LTA / GIA :	
			Medical Bill:	
			PIR:	
			Mandate/Reject Instruction:	
			LOD	
			Payment Breakdown Form:	
PRELIMINARY ADVICE Date/Time:		Sent By:	Post-Repair Photos:	
			Others:	

FINALIZATION	Date/Time:		Confirm with:		Confirm by:	
Repair Cost:	S$	(days) Reduction:	___ %	Email ☐ Call ☐		
FINAL SETTLEMENT	Date/Time:	Confirm with		Email ☐ Cal ☐		
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :		If NO or B 28, Ass. Lia :		
Repair Cost:	S$					
Loss of Rental (LOR):	S$	(days)				
Loss of Use (LOU):	S$	($ x days)				
Loss of Income (LOI):	S$	($ x days)				
LOR only ☐ LOU only ☐	LOR + LOU ☐	LOR + LO ☐	[Tick only one]			
GIA/LTA Search	S$					
Medical:	S$			1) Claim status: Normal/Reject/Private Settle		
Disbursement:	S$	(e.g. Tow/ Independent)		2) Report Format:		
Legal Cost	S$			3) Survey fee:		
Total:	S$	**Global Sum S$:**				
FINAL PAYMENT	Date/Time:	Confirm with:		Email ☐ Cal ☐		
Payee 1:	S$	Name 1:				
Payee 2: (Strike if N.A.)	S$	Name 2:				
Payee 3: (Strike if N.A.)	S$	Name 3:				

Surveyor: Yno.   C 1555G

ASSIGNMENT

		Veh No: SLA 2651K Yr Regn: 25 Feb 2016
From:	Date:	Type: M/Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

Truck / Trailer or

To Inspect Vehicle No: _____

Make: Toyota Vellfire c.c 2494

at Workshop m/s City Auto

Colour black   A/C.   Insured / Std / NI / NA

of _____

Sp.Reading 00176   T/Radio: Insured / Std / NI / NA

Insured: _____

Eng/No: _____

Policy No. _____

C/No: JTNGF3DH 10800 4201

Claims No. _____

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured: _____ Excess: _____

Steering: In order / Jammed / Leaked / Burnt or _____

(Client's Record)

Brake: In order / Jammed / Leaked / Burnt or _____

Make of Veh: _____

Modi : Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 235/50 R18

(Policy Condition)

R: 11

Remark: **The veh had commenced its**

repair at the time of inspection.

	N/S	O/S

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Continental

Front			Rear		
R/Bal.	6	mm	R/Bal.	6	mm
L/Bal.	6	mm	L/Bal.	6	mm

Bal. or Market Value: _____

IDAC Accident Rport: _____ Consistent? : **Yes** or **No**

GIA / PR Seen: _____ Consistent? : **Yes** or **No**

D.O.A. _____   D.O.I. 05-10-18

Est. Repairs: _____ days   Res.: **Yes** or **No**

Survey held at W/S   4:20pm

Lum Sum: _____ %   3 Val.: **Yes** or **No**

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or _____

CA / REV / REP. / 24 HRS

Vehicle: **IN / OUT**

The U/C / Chassis frame / Body Structure affected due to collision.

Date: _____ Person Contacted: _____

Date / Time	Action / Instruction

Date/Time, File Pass to? ☐ : **Preli. Report**

Days Of Repair: _____

☐ : **Final Report**

Resurvey No. of Trip: _____

Survey Fee:	
Transportation:	

1)

Date/Time, File Return to?

Add Fee: ☐ : Site Insp ($ ___) ___S + RS.___SI

2)

☐ : Interview ($ ___) Photos

☐ : Tech. Invs ($ ___) Others

Report Format : _____

☐ : Weekend ($ ___)

Lum Sum / I.B.I: ($ ___)

TOTAL